

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/894,174

Filing Date 06.27.2001

First Named Inventor William H. Blackshear, Jr.

Art Unit 3623

Examiner Name Rines, Robert D.

Attorney Docket Number

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request For Continued Examination together check for all fees
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ARTHUR W. FISHER III P.A.		
Signature			
Printed name	ARTHUR W. FISHER III		
Date	NOVEMBER 23, 2011	Reg. No.	26,453

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	ARTHUR W. FISHER III	Date	NOV. 23, 2011

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EM 587957017 US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BLACKSHEAR, William M., Jr.

Serial No: 09/894,174

Group Art: 3626

Date Filed: June 27, 2001

Examiner: R. Rines

For: **MANAGEMENT METHOD OF PERSONS AT RISK OF
COMPLICATIONS OF ARTERIAL OCCLUSIVE DISEASE**

EXPRESS MAIL CERTIFICATE

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

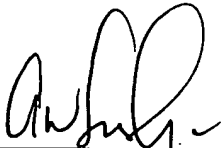
Date of this Paper: November 23, 2011

"Express Mail" label number: **EM 587957017 US**

Date of Deposit: November 23, 2011

I hereby certify that the following attached **Request For Continued Examination** together with **Preliminary Amendment** and check for eleven hundred (\$1100) dollars is enclosed, representing three (3) months Request For An Extension Of Time (\$635) together with Request For Continued Examination (\$465) filing fee together with a **Transmittal Form**, which are all being deposited with the United States "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

AWF:dmas
5555 West Waters Ave. # 609
Tampa, Florida 33634
(813) 885-2006 November 23, 2011



ARTHUR W. FISHER, III

EM 587957017 US